# Outreach Services of Indiana

## Dysphagia Trigger Data Sheet

<table>
<thead>
<tr>
<th>CLIENT:</th>
<th>MONTH/YEAR:</th>
</tr>
</thead>
</table>

### TRIGGERS

| TRIGGERS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|----------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Coughing w/signs of struggle (watery eyes, drooling, facial redness) | Days | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wet vocal quality | Days | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Watery eyes | Days | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Day shift initials**

**Evening shift initials**

**Night shift initials**

### GOAL:

1. Identification of dysphagia triggers.
2. Decrease risk of aspiration and/or choking.

### ACTION if trigger is noted:

1. Ensure plan (positioning, diet texture, etc) is followed correctly.*
2. If plan not followed, correct and assess for triggers.
3. If triggers continue, notify nurse or supervisor.

### DOCUMENTATION STANDARDS:

* Triggers are to be documented 7 days/wk - during ALL activities (bathing, oral care, dressing, etc.) and across ALL shifts
* For each shift, indicate the number of occurrences; mark a slash (-) if no triggers were noted.
* If Nurse/Supervisor is notified, Document the trigger and action taken in the Daily Notes.

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*Refer to Positioning Plan and/or Dining Plan as needed*